

BRISTOL DEVELOPMENT AUTHORITY USE ONLY:

APPLICATION # _____ **Date Received:** _____ **BDA AWARD: \$** _____

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION

Bristol Development Authority, City Hall, 2nd Floor, 111 North Main Street, Bristol, CT 06010
(860) 584-6185

YEAR 41 2015-2016

FOR ASSISTANCE CALL: **Debbie Shapiro at 584-6193; John Neveu at 584-6189**

****DEADLINE FOR SUBMISSION OF APPLICATION TO BDA OFFICE: JANUARY 30, 2015**

TYPE OF APPLICATION:

☐

Public Service (operating expenses, etc.)

☐

Public Facility (construction, rehab, etc.) See note under 7.c.

☐

Other: _____

1. PROJECT/PROGRAM TITLE: _____

2. NAME OF AGENCY: _____

AGENCY

ADDRESS:

PROGRAM

LOCATION:

(If confidential
leave blank.)

3. NAME OF CONTACT:

PHONE: _____

FAX: _____

EMAIL: _____

501(c)3?: Yes No DUNS#: _____ FEIN: _____

4. OPERATING AGENCY (if applicable) _____

5. AMOUNT REQUESTED: \$ _____

6. AMOUNT CDBG RECEIVED:

2014-2015	_____
2013-2014	_____
2012-2013	_____

7. PROJECT/PROGRAM DESCRIPTION: (Attach additional sheets if necessary)

a) Provide a narrative description of the activity to be undertaken, services to be performed, where the program or project will be located, for whom the services will be provided, and how they are to be provided.

b) Please indicate which National Objective will be met: (i) Benefit to low-and moderate- income persons; (ii) aid in the prevention or elimination of slums or blight; or (iii) meet an urgent need as described in 570.208. If benefit is to low- and moderate-income persons or households explain how your program will verify participants' income with CDBG Program Income Limits and what percentage of the clientele will meet the low- and moderate- income benefit. See Exhibit A. (FY 2014 HUD Income Limits)

c) If project involves **rehabilitation or construction to a building**, please answer the following questions on a separate page, and submit the applicable documents:

- I. Will the proposed construction require any local, state or federal permits or approvals that have been or will have to be obtained? Include a copy of any approvals received to date or provide a timeframe to obtain approval.
- II. Construction Cost Estimate (Allow for Federal Wage Scale).
- III. Architectural Drawings/Engineering Studies/Environmental Reports (if available).
- IV. Is the building 50 years old or more or listed on the Historic Properties Index? A formal review by the State Historic Preservation Office may be needed. If unsure, please contact BDA.
- V. When do you anticipate construction will begin? Provide a development schedule.
- VI. Applicants for construction/facilities projects are required to contact BDA's Housing Rehabilitation Project Specialist, John Neveu, prior to January 9, 2015, in order for such application to receive further consideration. Date you contacted Mr. Neveu: _____.

8. CONSOLIDATED PLAN NEEDS/GOALS:

The City of Bristol has established Priority Needs & Goals in its Five-Year Consolidated Plan. A summary of those Needs/Goals is attached as Exhibit B. What Need(s)/Goal(s) will the proposed program/project address? Describe the ways in which the proposed program/project will benefit Bristol residents of low and moderate income. Identify the Need(s)/Goal(s) and explain in detail how your program/project will address/correct the problem. Please attach additional sheets or program material if necessary.

9. Please estimate the following data for the Current Year, if applicable.

Clients Total:		
Clients from Bristol:		
Race/Ethnicity:	Total#	# Hispanic
White: (Total# includes # Hispanics; then list # Hispanic in next column)		
Black/African American:		
Asian:		
American Indian/ Alaskan Native:		
Native Hawaiian/ Other Pacific Islander:		
Other Multi-Racial:		
Total Staff:		Volunteers:
Full-Time Employees:		Part-Time Employees:

Income Group	#	% of Total
Extremely Low 0-30% AMI		
Very Low 31-50% AMI		
Low 51-80% AMI		

All applicants must fully complete either 10.a. or 10.b.

10.a. TOTAL PROJECT COST (Public Facility/construction projects only): REQUIRED

	CDBG	Other Funds, Source	Status:*
Environmental Study	\$	\$	
Architectural/Engineering	\$	\$	
Construction (Allow for Federal Wage Scale)	\$	\$	
Contingency	\$	\$	
Other: _____	\$	\$	
Other: _____	\$	\$	
TOTAL	\$	\$	

*Status: Received, Awarded or Application Submitted. If the amount of the CDBG grant is less than the amount requested, will the project be implemented? YES NO

Explain impact on separate page.

10.b. OPERATING BUDGET FOR THE PROGRAM (Public Services only): REQUIRED if the activity to be performed or service to be provided has funding from other sources.

	CDBG	Other Funds, Source	Status:*
Salaries:	\$	\$	
Expenses:	\$	\$	
Program Supplies:	\$	\$	
Other: _____	\$	\$	
Total:	\$	\$	

*Status: Received, Awarded or Application Submitted. If the amount of the CDBG grant is less than the amount requested, will the program be implemented? YES NO

Explain impact on separate page.

**11. POPULATION TO BE SERVED IN BRISTOL for the Proposed/Upcoming Program
Year (Estimate Number and Demographic Information):**

Race/Ethnicity:	Total#	# Hispanic
White:		
Black/African American:		
Asian:		
American Indian/ Alaskan Native:		
Native Hawaiian/ Other Pacific Islander:		
Other Multi-Racial:		

Income Group	#	% of Total
Extremely Low 0-30% AMI		
Very Low 31-50% AMI		
Low 51-80% AMI		

**12. HAS THIS PROGRAM/PROJECT EVER RECEIVED FUNDING UNDER ANOTHER
FEDERAL PROGRAM?**

YES

NO

IF YES, PLEASE IDENTIFY:

SOURCE(S):

AMOUNT(S):

YEAR(S):

**PLEASE PROVIDE A COPY OF YOUR MOST RECENTLY AUDITED FINANCIAL
STATEMENTS AND COMPLETE EXHIBIT C, BDA'S FINANCIAL STATEMENT FORM.**

(If audited statement is unavailable, please include review. If review is unavailable, please include compilation). IF UNAVAILABLE, PLEASE EXPLAIN WHY.

Applicant understands that there is an extended approval process; that no expenses for any project will be reimbursed without a Notice to Proceed form or signed Agreement, and adherence to any and all applicable City, State, and Federal regulations.

Applicant agrees that to the best of his/her knowledge all statements contained within this application are accurate.

Applicant understands that incomplete applications may be rejected.

SIGNATURE OF AUTHORIZED INDIVIDUAL

(Person authorized to enter into legal agreements): _____

NAME/TITLE OF AUTHORIZED INDIVIDUAL:

DATE:
